



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING December 31, 2001
of the Condition and Affairs of the

Anthem Health Plans of Maine, Inc.

NAIC Group Code..... 0671, 0671
(Current Period) (Prior Period)

NAIC Company Code..... 52618

Employer's ID Number..... 31-1705652

Organized under the Laws of Maine

State of Domicile or Port of Entry Maine

Country of Domicile United States of America

Licensed as Business Type Life, Accident & Health[] Property/Casualty [] Health Service Corporation []
Dental Service Corporation [] Vision Service Corporation [] Other [X]
Health Maintenance Organization []

Is HMO Federally Qualified? Yes [] No [X]

Date Incorporated or Organized..... March 10, 2000

Date Commenced Business..... June 5, 2000

Statutory Home Office 2 Gannett Drive..... South Portland ME 04106-6911
(Street and Number) (City or Town, State and Zip Code)

Address of Main Administrative Office 2 Gannett Drive..... South Portland ME 04106-6911
(Street and Number) (City or Town, State and Zip Code) 207-822-7000
(Area Code) (Telephone Number)

Mail Address 2 Gannett Drive..... South Portland ME 04106-6911
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 2 Gannett Drive..... South Portland ME 04106-6911
(Street and Number) (City or Town, State and Zip Code) 207-822-7000
(Area Code) (Telephone Number)

Internet Website Address www.anthem.com

Statement Contact Shawn Kevin Staples
(Name) 207-822-7942
(Area Code) (Telephone Number) (Extension)
shawn.staples@anthem.com
(E-Mail Address) 207-822-8999
(Fax Number)

OFFICERS

President Marjorie Warner Dorr
Treasurer George Dominic Martin
Secretary Nancy Louise Purcell
Assistant Secretary Martin Jack Robles, Esq.

VICE PRESIDENTS

David Rhoads Frick

BOARD OF DIRECTORS

Larry Clayborn Glasscock Douglas Richard Fauth
George Dominic Martin David Rhoads Frick
Nancy Louise Purcell Robert Samuel Schneider
Michael Lynn Smith

State of..... Maine
County of..... Cumberland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Marjorie Warner Dorr	Nancy Louise Purcell	George Dominic Martin
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this

.....day of, 2002

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a. Is this an original filing? Yes [X] No []

- b. If no:
1. State the amendment number.....
 2. Date filed.....
 3. Number of pages attached.....